

P9600000/2765

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Stat Consult
Inc. 95 FEB -9 PM 2:31

SALE OF FEE, FEE DISBURSED
TALLAHASSEE, FLORIDA

Capital Express™
Art. of Inc. File _____
Corp. Record Search _____
Ltd. Partnership File _____
Foreign Corp. File _____
() Cert. Copy(s) photo _____
Art. of Amend. File _____
Dissolution/Withdrawal _____
O U S _____
Fictitious Name File _____
Name Reservation _____
Annual Report/Reinstatement _____
Reg. Agent Service _____
Document Filing 300001711823
-02/09/96--01049--029
*****70.00 *****70.00
Corporate Kit _____
Vehicle Search _____
Driving Record _____
Document Retrieval _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
File No.'s, _____ Copies
Courier Service _____
Shipping/Handling _____
Phone () _____
Top Priority _____
Express Mail Prep. _____
FAX () _____ pgs.

SUBTOTALS _____

FEE.....
DISBURSED.....
SURCHARGE.....
TAX on corporate supplies.....
SUBTOTAL.....
PREPAID.....
BALANCE DUE.....
\$

DIVISION OF REVENUE

95 FEB -9 PM 1:30

REQUEST TAKEN CONFIRMED APPROVED
DATE _____
TIME 2:00 CK No. _____
BY _____

WALK-IN 219 2:00
Will Pick Up _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION

OF

STAT CONSULTING, INC.

FILED

96 FEB -9 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **STAT CONSULTING, INC.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 2536 WYE OAK LANE, SARASOTA, FL 34232.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is ANDREA L. THOMAS, 2536 WYE OAK LANE, SARASOTA, FL 34232.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is ANDREA L. THOMAS, 2536 WYE OAK LANE, SARASOTA, FL 34232.

The undersigned has executed these Articles of Incorporation this 9th day of February 1996.

"Capital Connection, Inc. by Kim Crosson, Client Representative"

A handwritten signature in dark ink, appearing to read "Kim Crosson", is written over a horizontal line.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida. FEB -9 PM 2:31

1. The name of the corporation is:

STAT CONSULTING, INC.

DESIGNATED OFFICE OF STATE
TREASURER, FLORIDA

2. The name and address of the registered agent and office is:

DAVID L. THOMAS
(NAME)

2536 WYE OAK DRIVE
(P.O. BOX NOT ACCEPTABLE)

SPRINGFIELD, FL 34232
(CITY/STATE/ZIP)

Y SIGNATURE C. Thomas
(corporate officer)

TITLE President / CEO

DATE 2/1/96

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Y SIGNATURE C. Thomas

DATE 2/1/96